

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

ATTACHMENT

10158576

CLAIMS

	AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT			AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL REQ.			1										
TOTAL REQ.			19										
TOTAL CLAIMS			20										